

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
10/561525

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3	2		1		1	
4	1		1		1	
5	1		1		1	
6	1		1		1	
7	1		1		1	
8	1		1		1	
9	1		1		1	
10	1		1		1	
11	1		1		1	
12	1		1		1	
13	1		1		1	
14	1		1		1	
15	1		1		1	
16	1		1		1	
17	1		1		1	
18	1		1		1	
19	1		1		1	
20	1		1		1	
21	1		1		1	
22	1		1		1	
23	1		1		1	
24	1		1		1	
25	1		1		1	
26	1		1		1	
27	1		1		1	
28	1		1		1	
29	1		1		1	
30	1		1		1	
31	1		1		1	
32	1		1		1	
33	1		1		1	
34	3		1		1	
35	1		1		1	
36	1		1		1	
37	1		1		1	
38	1		1		1	
39	1		1		1	
40	1		1		1	
41	1		1		1	
42	1		1		1	
43	1		1		1	
44	1		1		1	
45			1		1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.	3	↓	12	↓		↓
TOTAL DEP.	44	←	33	←		←
TOTAL CLAIMS	47		45			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						1
52						1
53						1
54						1
55						1
56						1
57						1
58						1
59						1
60						1
61						1
62						1
63						1
64						1
65						1
66						1
67						1
68						1
69						1
70						1
71						1
72						1
73						1
74						1
75						1
76						1
77						1
78						1
79						1
80						1
81						1
82						1
83						1
84						1
85						1
86						1
87						1
88						1
89						1
90						1
91						1
92						1
93						1
94						1
95						1
96						1
97						1
98						1
99						1
100						1
TOTAL IND.					12	↓
TOTAL DEP.					44	←
TOTAL CLAIMS					56	←